APPENDIX A

Turning Point
Implementation Phase Call for Proposals
Virginia Application

The following document constitutes Virginia's application for continued funding from the Robert Wood Johnson foundation to pursure priority implementation strategies and participate in national collaboratives.

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Note: The following appendices have been included under separate cover
- Part V – Proposed Budget
- Request for Project Support
- Draft Virginia Public Health Improvement Plan

Project Director:
Jeffrey L. Wilson
Turning Point and Strategic Planning Coordinator
Virginia Department of Health
1500 East Main Suite 214
Richmond, VA 23219
(804) 786-5544
(804) 786-4616 (fax)
jlwilson@vdh.state.va.us

Lead Agency:
Virginia Hospital Research & Education Foundation
P.O. Box 31394
Richmond, VA 23294
(804) 747-8600
(804) 965-5724 (fax)

Co-Liaisons:
Christopher S. Bailey
Senior Vice President
Virginia Hospital & Healthcare Association
P.O. Box 31394
Richmond, VA 23294
(804) 965-1207
(804) 965-5724 (fax)

Jeffrey L. Lake
Associate Health Commissioner
Community Health Services
Virginia Department of Health
1500 East Main Suite 214
Richmond, VA 23219
(804) 786-3561
(804) 786-4616 (fax)

Executive Summary

Virginia has a relatively sound public health infrastructure, compared with many other states. Yet *Turning Point* proved the need to renovate and modernize the way Virginia approaches public health. To get a more complete understanding of public health – present status and future needs – our *Turning Point* efforts included outreach to all sectors and regions of the Commonwealth. Year One was straightforward and relatively simple. Gathering information. Getting feedback through polling, focus groups and research. Setting core goals. The tough work began in Year Two. Analyzing feedback from communities and other interest groups. Exposing gaps and obstacles. Coming to grips with political realities. Seeking consensus. Prioritizing. Planning for the future while acknowledging present needs.

We discovered the most critical needs related to health information and education, and to shifting the "ownership" of public health so that every sector, public and private, worked together to invest in the future. The overarching recommendations were:

Launch a Community Health Improvement Plan – to obtain and distribute information necessary to pursue health improvement strategies. This goal incorporates understanding the value of prevention activities, community identification of health concerns, and an awareness of what is being done, and what can be done, to address health needs. *Turning Point* expects that these activities will demonstrate, to all Virginians, the important role public health, and its partners, play in their lives.

Create a Center for Community Health – in order to increase the opportunity for public health research, and create an independent voice for public health issues. The Center, sustaining *Turning Point* activities by facilitating collaborative efforts between public health and its partners, will work to study the costs, benefits and long term implications of health policy decisions related to public health. The Center will be in a position to leverage funding from a number of sources, public and private, and will have an essential role in supporting continuous improvement of public health in Virginia.

Given our *Turning Point* experience and the nature of our state priority goal, Virginia is also applying to participate in two collaborative activities: Leadership Development and Social Marketing. Our partnership focused on new voices for public health. We believe our initiative has the tools and vision to lead the Leadership Development collaborative.

Although the process was demanding, we now have a solid understanding of Virginia's public health challenges, as well as an arsenal of ideas for overcoming them. We have seen the need for assessment activities that focus our priorities and funding, particularly in those areas that will produce measurable results in improving health disparities. We believe that increasing public awareness of the value of prevention activities will improve health.

Turning Point has led us to the brink of systems change. Now, we are poised to advance, to improve, and to make Virginia, and Virginians, healthier than ever before. We also are realistic — there are neither the resources nor the manpower to achieve every reform. Still, thanks to *Turning Point*, we have established a direction. We're moving ahead, and we're starting right now.

Priority Goal for Funding
Community Health Improvement

Without a basic understanding of what is truly needed to improve health within individual communities, systems change activities spin their wheels, expending political and social capital without a clear goal or end point in mind. Such has been Virginia's past experience regarding a number of critical public health issues.

Through *Turning Point*, Virginia completed a review of community health concerns. The first year was devoted to a variety of outreach activities. *Turning Point*'s second year involved analyzing and developing implementation strategies. It is clear that while the Virginia Department of Health and its partners understand much about health needs at the community level – we still have a long way to go. In the second year, the Virginia partnership completed an internal assessment of the Virginia Department of Health (VDH) and its ability to carry out the core public health functions and essential public health services. The consultants found that Virginia performs epidemiological investigations, mandated programs and regulatory functions at or above the national average. However, VDH fell short of national benchmarks in community health assessment, action plan development and deploying resources for prevention activities. These findings reinforced prior studies and were confirmed again in a 1999 study of VDH's organization and management conducted by a legislative oversight commission. We believe this finding is derived from the piecemeal fashion by which Virginia has traditionally approached community needs assessment. The goal of completing and maintaining a comprehensive assessment of community health needs and comparing those results across Virginia localities has eluded the Virginia Department of Health.

While *Turning Point* cast the "net" widely during the two-year strategic planning grant, not every community participated, and no doubt some voices were not heard and their concerns were not raised. However, in the outreach efforts that were completed, one issue was constantly repeated communities want tools to inform and educate the public regarding health concerns. The statewide *Turning Point* partnership understands that it is difficult to create strategies to effectively deal with health problems in our communities. Perhaps our greater challenge is found in achieving consensus and active participation among diverse community stakeholder groups that are so critical to success. Clearly, any public health implementation strategy development process must take place at both the state and local levels. To accomplish sustainable systems change, Virginia must pursue public health strategies that are developed, and in part, funded at the local level to ensure that community buy-in is reflected in the programs and activities of local and state public health agencies.

During Virginia's *Turning Point* initiative outreach efforts included:

- Presenting information at dozens of statewide organizations;
- Conducting an 800-person telephone survey;
- Holding discussion groups with representatives from key audiences;
- Convening regional forums across the state; and
- Receiving survey results from 2,500 VDH consumers.

Based on feedback from the community, *Turning Point* focused its efforts on five key areas of interest: access to care, communicable disease control, environmental health, health education & communications, and health information. Over the course of the summer of 1999, workgroups evaluated current capacity, articulated a vision for the future and analyzed potential implementation

strategies in each of these areas. Members were tenacious in their efforts to devise strategies that would provide the greatest impact toward the goal of strengthening public health. At the conclusion of that process 26 implementation strategies were developed and sent to the Steering Committee for final analysis.

The *Turning Point* Steering Committee prioritized the strategies and wrestled with which strategies, if implemented, would be most successful in producing meaningful systems change. Which strategies were robust? Is there current capacity within the public health system to accomplish a strategy? Partnership development has created a flexible system to address current and future health needs. How do we maintain and enhance partnership development in Virginia? To that end, Virginia's Steering Committee articulated the following goal:

Turning Point's implementation strategy should include a process by which communities achieve a heightened awareness of health concerns and effectively apply tools to develop coalitions in order to address them collaboratively.

Steering Committee members quickly realized that a narrow implementation strategy would not produce the results they were looking for. A critical question remained how to choose among the 26 strategies since all were innovative and essential toward strengthening public health? In the final analysis, a composite strategy was created to reflect a number of critical concerns and continue the collaborative efforts that made *Turning Point* a success. The assessment and awareness process will identify what works well, what is needed, and raise public awareness about health. In order to maintain momentum and be successful, participation will be required from various levels of government, the private sector, and community organizations.

The need for ongoing health assessment activities has been known for some time. However, prior efforts to complete a statewide health needs assessment were not initiated in a collaborative fashion. Health departments, hospitals, foundations, community-based organizations all conducted their own assessments. What happened to most of them? Did the data accurately reflect the health disparities that exist between our majority and minority populations? The assessments created an initial "buzz" of discussion and then in most cases, sat on a shelf. Because they were typically initiated and implemented by a single entity, there was no cross sector buy-in that produced change. These reports produced findings that often were in conflict and resulted in confusion among community leaders. *Turning Point* has demonstrated that improving the health of the community cannot be accomplished by one entity acting alone. It is essential to collaborate both in the assessment of need and the action steps to address critical community health concerns. *Turning Point* seeks to ensure that comprehensive community health needs assessments are done throughout Virginia to guarantee that a core set of questions are posed to pursue statewide goals and measure progress. The purpose is not to duplicate existing efforts or prior efforts but to broaden and standardize them to be more effective.

Virginia's approach to implementation augments a stratified community health needs assessment approach with other strategies that we feel are critical for success. A companion inquiry demonstrating the economics of prevention will provide Virginia with a clear understanding of the costs and benefits associated with particular prevention strategies that may emerge throughout this process. We propose engaging consultants to conduct literature reviews, including the Centers for Disease Control's efforts in this area and completing an analysis of Virginia's programs and services as well as those provided in other states. A prevention resource guide will be developed and disseminated to

showcase government, community-based and private sector strategies to address identified community health concerns. Training for public health staff to update such analyses in the future will also be a critical component of this effort.

When we are able to accurately articulate community health needs and identify the strategies that will provide the greatest impact, raising public awareness and social marketing will be key to designing effective implementation strategies. Virginia plans a comprehensive public awareness and social marketing campaign utilizing a variety of media outlets to convey a variety of messages. We believe that many of the prevention strategies we are currently pursuing have never been evaluated for message or cost effectiveness. Documenting that a prevention strategy works should bolster confidence among decision-makers and increase their willingness to fund an effective public health system in Virginia. We also believe that increasing public awareness of the value of prevention activities will increase personal responsibility in making better health choices thereby improving health. Social marketing strategies will be critical to improving health outcomes in our minority populations. *Turning Point* will provide a laboratory with which to test our social marketing approach.

Virginia's modified proposal is divided into the following parts.

Year One

1. *Turning Point* partners will inventory community health needs assessment activities around the Commonwealth. This catalog will document where assessments have been accomplished and assess the comprehensive nature of the activity. Communities will be identified in one of three positive categories: ***Ready, Willing***, or ***Able*** based on an evaluation of their ability to begin developing action plans to address critical health concerns.
2. For those communities that are ***Ready***, (they have completed a comprehensive community health needs assessment) *Turning Point* will focus efforts to stimulate the community coalitions to create an action plan to improve community health. The statewide partnership seeks to influence communities to focus their efforts on eliminating disparities and on improving key areas tracked through the Healthy People 2010 initiative.
3. Identify and hire a consultant to conduct an assessment of the economics of prevention.

Year Two

1. For those communities that are ***Willing,*** (they have completed some needs assessment; however, refinements may be necessary based on the nature of the questions, breadth, or timing) the statewide partnership will provide technical assistance to ensure communities take an inclusive and comprehensive approach to needs assessment. *Turning Point* will work to ensure that all appropriate questions have been asked, affected constituencies have been heard and a strong, diverse community coalition is in place to support the future development of an action plan for health improvement activities.
2. A communication consultant will provide training to VDH staff and ***Ready*** community partners in developing effective public awareness and social marketing strategies once community priorities have been articulated.
3. A cadre of individuals will develop strategies to raise public awareness of critical community health concerns and social marketing strategies to address a critical health concern. The overall goal will involve promoting the importance of public health activities as a cost effective means to address them and to engage diverse stakeholders to embrace these strategies.

Year Three

1. For those communities that are ***Able,*** (the remaining localities that have yet to develop coalitions and initiate community health improvement) *Turning Point* will begin the process at the assessment stage. Efforts will focus on building community coalitions comprised of public health, hospitals, local government, businesses, community-based organizations, the faith community and others to gain consensus on an assessment tool to ensure its validity and application.
2. *Turning Point* will sponsor workshops for ***Able*** community leaders to ensure that the tool is administered in a standardized fashion.
3. Communities classified as ***Ready*** will be asked to partner with ***Able*** communities to transfer knowledge and relate experiences about community health improvement.
4. The most innovative public awareness and social marketing strategies will be launched in ***Ready*** and ***Willing*** communities.
5. *Turning Point* will retain the services of a consultant to begin to analyze the data, report initial findings and supply communities with the analytic and training tools necessary to identify and measure progress toward their community health improvement goals.

Year Four

1. ***Able*** communities will develop action plans to address critical community health needs.
2. *Turning Point* will evaluate the effectiveness of the community health needs assessment and public awareness campaign through a short-term survey instrument that identifies satisfaction with and awareness of the importance of public health activities in ***Ready*** and ***Willing*** communities.
3. This information will be compared with the baseline data established in our 1998 telephone survey. Longer term activities will focus on tweaking the community action plans to achieve improved health outcomes and behavior change.

This stratified approach to community health will take time; some communities will not complete their community health improvement action plan development and execution. However, Virginia does not view community health improvement process as a one-time effort. Our experience in systems change suggests that the key to sustainability is the development of a critical mass and documenting successes. We believe that once decision-makers understand the results of the needs assessment and prevention analysis, they will support continuing this process until all communities have developed action plans. *Turning Point* anticipates that in partnership with the private sector, VDH will build the capacity, through appropriations from state and federal grants, and private sector support, to continue a staggered approach for comprehensive community health needs assessment in Virginia at least every five years.

Objectives and Methods

Virginia will build on the strengths of the strategic planning partnership during the implementation phase of *Turning Point*. Input on the selection of CHNA tool, action plan development, and social marketing campaigns will be based on input from stakeholders. We must address the critical health needs of those who stand to gain the most from this process. Given our past experience, Virginia knows that failure to create a sense of urgency among stakeholders will reduce our chance of success. The Virginia *Turning Point* Steering Committee is not going to allow that to happen. We anticipate competitive awards for activities related to assessing the economics of prevention, analyzing the CHNA findings and developing a public awareness campaign. Virginia's proximity to the

nation's capital enhances our ability to attract national caliber consultants. One has only to look to the strong messages Virginia has developed around the issue of youth access to tobacco to realize that we are committed to innovation and creativity. There is evidence of Virginia's proven track record in developing and implementing creative solutions to public health issues.

It is important that the Robert Wood Johnson Foundation and *Turning Point* partner organizations see results from our efforts. Virginia will evaluate the effectiveness of our economics study and public awareness activities. Participation in the needs assessment process and community organizations' willingness to be part of the long-term solutions to critical community health concerns are essential to the success of the needs assessment process. At the very least, Virginia's ability to improve community health will be based on documentation that chronic disease and pregnancy outcomes are making progress to reach national averages. Both of these issues have been identified as problems statewide. Virginia continues to lag behind the national averages in these important public health indicators particularly as they compare to our minority populations.

Partnership development

The Virginia *Turning Point* partnership worked diligently to identify and cultivate relationships with sectors that had little previous involvement in public health issues, as well as traditional partners. Our Steering Committee represents a broad cross-section of groups that impact public health. Members are more aware of public health issues and how their organizations impact health in the community. This enhanced understanding of the role they can play in promoting prevention has increased their ability to advocate on behalf of public health issues.

In addition, Virginia's local partnerships have created diverse boards that support *Turning Point* activities in Norfolk, the New Century Region and Prince William County. Over the course of the past two years, our statewide partnership has designed its outreach activities to ensure that the broadest cross-section of Virginians was represented. Given the relationships that developed among the four Virginia *Turning Point* partnerships, we understand the importance of information on community health needs flowing back and forth among the state and localities.

As we move to the implementation phase of *Turning Point*, Virginia is rethinking our governance of the statewide *Turning Point* initiative. Given the specific nature of our implementation efforts, Virginia would like to add specific experts to expand our knowledge base on several key subjects including, social marketing, health economics and needs assessment. Because partnership expansion provides logistical challenges, an Executive Committee has been proposed to ensure that our activities are timely and reflect the will of the entire Steering Committee.

Virginia is a diverse state with many different ethnic minorities represented. Experts in the area of health disparities among minority groups will inform our process to ensure that health improvement occurs for all Virginians. In addition, our community coalitions must be representative of the general population in order to ensure the validity of the process. *Turning Point* has been successful at engaging the community in discussions about how to strengthen public health. We will use any and all means at our disposal to ensure we receive the maximum participation possible in this process.

Community Involvement

In a variety of contexts we learned that access to care and health education efforts are critical health concerns of Virginians. Our identification process was driven by community input. At each step

along the way, Virginia's *Turning Point* initiative informed legislators, public health professionals, and the private sector of our progress. As we look forward in terms of community health improvement, we know that the needs assessment process must change. In the past, VDH conducted community health needs assessments in various localities across the Commonwealth to refocus the efforts of its programs. They had little lasting impact. The assessments were designed, resourced, and staffed in-house. Community partners had little or no involvement in the process. Local health departments were unable to leverage community interest or resources; thus the findings were not implemented.

Having the Virginia Hospital & Healthcare Association as a co-applicant in this process is pivotal. *Turning Point* anticipates strong partnerships between health care systems and local health departments in the assessment phase of the project. Heretofore, many community hospitals have undertaken needs assessment without the active involvement from other components of the local public health system. The Joint Commission for Accreditation of Healthcare Organizations (JACHO) supports the concept of a collaborative approach to needs assessment. JACHO has included a requirement for hospitals and health systems to conduct periodic needs assessments of their communities. JCAHO will begin evaluating hospitals and health systems in 2000 on this requirement. Now is an ideal time to collaborate in designing tools and reporting results from needs assessments to the benefit of communities across Virginia.

Link to Virginia's Public Health Improvement Plan

Throughout this process, our *Turning Point* partnership returned to the community to ask critical questions about health concerns and how those concerns should be addressed. We learned that there is frustration that the current public health system is neither fully responsive to the perceived needs of communities nor able to address them. A good example is the view in many communities that the primary role of local health departments should be to deliver health care to the indigent. In fact, local health departments are not typically the most efficient providers. This was articulated both in consumer surveys as well as public health professionals who called for more flexibility in the funding of public health programs and services. Virginia's public health system now has a much better idea of its strengths and weaknesses. The decisions for implementation were not made in a vacuum. These ideas and themes emerged early on in the process, were analyzed, debated and a vision was crystallized. Local *Turning Point* partnerships provided input and a focus of common goals flourished.

Virginia was ambitious in its *Turning Point* initiative. Our five workgroups developed 26 strategies to improve public health. After much deliberation, the Steering Committee identified nine of those strategies they felt were most critical. Careful analysis identified a core set of strategies. These strategies were further refined after we received information on the criteria identified by the Robert Wood Johnson Foundation. The result: Community Health Improvement. Because many of these other strategies are key to successful systems changes, they will be pursued by one or more of the partner organizations.

Improving the health of a population requires a focused, long-term effort. To succeed, these efforts must be supported by both the public and private sectors. We view that the establishment of a center for community health with public/ private governance and leadership as essential to Virginia's future public health planning and reform. The Steering Committee has proven to be an invaluable tool for public/private partnership discussion and a seedbed for action. To retain a forum for this collabora-

tion seems vital to maintaining the partnership approach to public health improvement. *Turning Point* envisions that this public/private Center for Community Health will:

- Greatly increase the opportunity for public health research, and create an independent voice for public health issues; and

- By facilitating collaborative efforts between public health and its partners, will work to study the costs, benefits and long term implications of health policy decisions related to public health – work driven by public health science.

Also, by establishing a Center for Community Health, Virginia will be in a position to leverage funding from a number of sources, public and private, and will institutionalize continuous improvement of public health in Virginia.

Virginia made early and impressive progress in our statewide partnership. Over the past two-years, we have not slowed our pace. We expect the implementation phase to stimulate the same enthusiasm and commitment generated at the beginning of the strategic planning process. Our partnership is ready to move forward and improve the health of our communities.

National Excellence Collaboratives

Virginia has identified two National Excellence Collaboratives to participate in. We have chosen to rank Leadership Development first, followed by Social Marketing.

Leadership Development

In order to strengthen and transform public health in the future – leadership is essential. An important component of leadership is a clear and shared vision about the future desired state for public health. Virginia's *Turning Point* initiative was founded on the premise that governmental public health agencies can achieve systems change and health improvement through developing and nourishing partnerships where leaders from other sectors assist the public sector in communicating a vision focused on health improvement.

Virginia views the leadership development collaborative as critical to a strengthened public health system. The very structure of Virginia's partnership demonstrated the value placed on input from outside traditional public health circles. Virginia is the only statewide *Turning Point* partnership initiative with joint leadership contributed from a hospital and healthcare sector organization along with public health. The Virginia Hospital & Healthcare Association (VHHA) partnered with the Virginia Department of Health to receive the *Turning Point* grant. VHHA, through its research and education foundation, is the fiduciary agent of the grant and that has provided tremendous leverage to the Virginia *Turning Point* initiative.

Prior to *Turning Point*, public health agencies promoted partnerships, but in a limited fashion. When public health agencies invited other organizations to the table, it was unknown if public health was willing to share leadership and control. While public health agencies may have expertise in intervention, programs and services, the community is best equipped to understand its needs. Virginia's four *Turning Point* partnerships have actively sought community input in order to strengthen public health. Those community leaders have seen their opinions valued and are eager to continue as a positive force for systems change.

A unique feature of Virginia's proposal for a national collaborative on leadership development is to assist governmental public health leaders to identify and develop relationships with leaders in non-governmental sectors who understand the vision of community health improvement. The goal of these relationships will be to have non-governmental leaders influence their organizations to incorporate such a vision into their organizational missions.

Strong advocates exist outside public health agencies for critical community health concerns, like access to care for the indigent and uninsured. There are a number of entities that are central to the Virginia health policy debate and desire to continue to provide leadership. Virginia will be able to bring these resources and others internal to the public health agencies to bear in a discussion about leadership development.

The seeds of this approach have already begun to bear fruit in Virginia. Our statewide *Turning Point* partnership with VHHA is a good example. When updating their vision and mission statements, VHHA incorporated community health and public health partnerships into two of seven principles. And many VHHA member organizations have undertaken a number of community health initiatives

that go well beyond previous efforts.

Local *Turning Point* partnerships have also searched outside local public health agencies to identify dynamic leaders to shepherd their efforts. Norfolk has tapped a City Councilwoman, Prince William the two hospital CEOs, and New Century Council has chosen business leaders in the community.

Collaborative efforts to draw a closer link between medicine and public health will improve understanding of the value of prevention activities by private health care leaders. Virginia's *Turning Point* partnered with the 3M Group, comprised of Virginia's medical and nursing school Deans, to propose systematic efforts to address a public health issue by health care providers. *Turning Point* would marshal the resources and talents of public health, academic medical centers, students, local physicians, hospitals, health plans, community based organizations and local government to address a critical community health concern like chronic disease. The effort would develop and enhance partnerships and provide students an opportunity to learn first hand how the care management of an individual patient impacts public health.

Virginia is fortunate to participate in a number of efforts to enhance skills among the current public health workforce. The Public Health Leadership Institute, a newly expanded five state regional PHLI and the Management Academy for Public Health, sponsored by the Robert Wood Johnson Foundation among others, demonstrate current Virginia activities to develop leadership experience for promising state and local public health leaders. Through these programs among others, many VDH staff are involved in leadership projects on specific critical issues that have surfaced during the *Turning Point* project.

In all aspects of *Turning Point*, Virginia has chosen to go the extra mile identifying and developing leadership capacity both inside and outside of government entities. We believe that this experience will equip us well in efforts to recruit and develop new leaders for public health. Virginia is ready to work with other states to provide the basis for issue identification and tangible efforts to increase the cadre of public health leaders in every sector of our society.

Social Marketing

The Public Health Foundation identifies critical health concerns that have been the leading causes of death in each decade this century. Our society has transferred concern from communicable disease killers to the chronic diseases that wreak havoc on our population today. In many cases, behavior modification is the best approach to preventing disease. In the quest for health improvement, an additional factor to consider is the quality of life our citizens enjoy. Reducing concerns about cancer or heart disease certainly can improve the health of a community.

Throughout Virginia's *Turning Point* process, citizens asked the Virginia Department of Health to provide more information and health education so individuals could make better health decisions. Most individuals who participated in the five workgroups to develop implementation strategies as well as our Steering Committee members believe that strengthening health education and communication are critical for the future. It is a central component of the state priority goal.

Turning Point has prepared Virginia to develop a public health awareness plan as well as social marketing strategies for VDH at both the state and local level. The creation of a social marketing

campaign is central to this process. *Turning Point* recommended creating an Office of Health Information within VDH to address health education and communication needs. The capacity to develop and implement social marketing campaigns will be built into the expertise of this office.

Recently, local health directors have been developing informational materials to increase awareness on public health issues among local officials. These materials provide an excellent impetus for community discussion on the importance of public health in improving health outcomes.

Our ability to send a specific message to the right audiences at the right time to change health behaviors will be a result of community health assessment and will naturally lead to more effective intervention and improved community health. In fact, effective social marketing is impossible without prior community assessment. This information can be used to train public health employees on social marketing principles in order to expand effective efforts and showcase prevention in a variety of settings. Given the diverse media markets and population present in Virginia, we could provide excellent opportunities to pilot social marketing efforts. The timing will be right for the Social Marketing collaborative to benefit from Virginia's cost/benefit analysis of prevention efforts, needs assessment and overall public awareness of community health concerns.

Leadership Development

Imbedded in *Turning Point* is the integral purpose of empowering partners so they feel ownership of public health issues. Virginia has actively sought the development of new leaders external to the Virginia Department of Health to ensure the sustainability of the grant's initiatives.

Virginia is uniquely positioned to be the standard bearer for Leadership Development. The very nature of the Virginia partnership, a joint effort of the Virginia Hospital & Healthcare Association and the Virginia Department of Health, demonstrates our support of the ideas articulated in the call for proposals. We agree with the premise that new public health leaders, both internal and external to governmental public health agencies, must be nurtured. Public health agencies must seek new voices for program and services.

The success of Virginia's initiative is based on the strength of the leaders that have been developed throughout this process. Two years ago, many organizations represented on the Steering Committee were at best indifferent to the agency's critical needs – unless there was a direct impact to their organization that they could articulate. As a result of *Turning Point*, they are now proponents of our programs and services. Because they helped shape and share *Turning Point*'s goals, the stakeholders represented on the Steering Committee will lend their political support to our implementation goals, including support for a Center for Community Health in the coming General Assembly session. They believe in the value of continuing the collaborate efforts to ensure flexibility within the public health system. This flexibility is essential for Virginia to change and meet future needs.

The structure of the Virginia Department of Health provides another strength to consider. Within the state supervised public health system, Virginia's State Health Commissioner provides direction and oversight to all but three local health departments. The immediate implementation of workforce development projects would be facilitated by the organization of the Virginia Department of Health. T-1 lines connecting every local health department enhances our ability to take advantage of distance learning and web-based learning technologies. Virginia provides immediate practices sites to determine which leadership models have the greatest potential for success.

Virginia's executive leadership serves for a four-year term. Because the head of public health in Virginia is tied to the Governor through a political appointment, there has been significant turnover in the position of State Health Commissioner. We believe Virginia's approach is important to address one of the significant weaknesses in our public health system — lack of stable leadership among governmental public health agencies. Virginia seeks to influence this condition, not by arguing that state and local health commissioners need to be freed from the 'politicization of public health', but rather by creating a network of public health and other sector leaders who can influence policy discussions at all levels of government. The stability of public health practice depends on it. Collaborating can provide stability in direction and leadership despite frequent turnover in specific positions. Given the likelihood that high turnover will continue, we seek to strengthen public health leaders ability to form coalitions among leadership in other sectors to assist in improving community health. To achieve community health improvement, we need leaders in other sectors to embrace our public health goals and to use their "chits" in the executive and legislative branch debates throughout the country.

One benefit to turnover that can be quantified is the number of public health leaders that transition to other positions in the private sector. Many continue to influence public health practice and policy through their involvement in critical partnerships and their voice for strengthening public health efforts in the community. Former Commissioners lend their experience and leadership in other arenas, which build public/private links and provide public health expertise outside of government sectors. New leadership on a regular basis can also mean fresh insight and energy for public health and can invigorate ongoing public health collaboratives.

Virginia recognizes that our most valuable resources are the current public health employees that work to improve health on a daily basis. Rarely do public health professionals receive training on coalition development. Continuing initiatives like the national Public Health Leadership Institute, the newly expanded regional PHLI and the Management Academy for Public Health will be critical to the success of this initiative. However, states that participate in leadership development need to identify training opportunities in conjunction with other public and private sector partners. When public health employees learn along with their counterparts, it facilitates common understanding and purpose. Regardless of the issue, without those concepts shared by partners the effort will fail.

One strategy to enhance leadership development creates a core competency curriculum. The purpose of this inquiry will be to equip new governmental public health leaders with essential skills to articulate the common goals between public health and other sectors. Such a curriculum would aim to shift the dialogue away from competition for scarce resources and toward collaboration on common goals.

Surveying and interviewing current and former public health leaders throughout the nation would be a valuable first step in this process. Among these key informants will be leaders of federal agencies such as CDC, deans of schools of public health, executives in community hospitals and health plans, association executives such as ASTHO, NACCHO, and APHA, and foundation leadership. Tapping the expertise of business and other sector partners will help us identify the intersections among organizations where we believe the majority of future opportunities for public health will be found. The results of this dialogue may be shared in a variety of ways with participating states, including presentations at national meetings of existing organizations, leadership development experiences, or actual education and training opportunities.

Virginia does not have an established School of Public Health; however, there are a number of excellent institutions within the Commonwealth and contiguous to our borders. The purpose of Leadership Development is not only to capitalize on the resources that are already involved in strengthening public health but also to search for new ways to invest in public health leaders. Virginia can demonstrate that new leaders have emerged through our strategic planning initiative. That should be the goal of every state.

In order to successfully navigate the seas, a captain must identify and train other crewmembers to take the helm at critical points in the journey. Systems change is no different. In Virginia, there are a host of “sailors” ready to speak to public health issues and lend their support. Involvement in *Turning Point* is developing these “sailors” into future leaders of public health in Virginia. This is an intermediate outcome measure verifying the success of *Turning Point* in Virginia.

Finally, we do not miss the controversy our approach may generate among some who believe that we should focus on 'fixing what is broken' in the public sector. Instead, our experience in Virginia and our view of the nation is that we must reach beyond government to solve this weakness in the infra-structure of our public health system. Virginia believes that this approach and even the controversy it may engender will contribute to a dynamic leadership development collaborative.

APPENDIX B

1998 Turning Point Telephone Survey

Virginia contracted with Professional Research Consultants to conduct a telephone survey. PRC designed a survey instrument to gauge the understanding, attitudes and opinions of Virginians regarding public health agencies, their individual health and the health of their community.

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Date _____

Interviewed by _____ ID#__ __ __ __0508

Validated by _____

1998-**0357**-0301

COMMONWEALTH OF VIRGINIA
VDH-VHHA
1998 PRC Community Survey
Richmond, Virginia

Hello, this is _____ with Professional Research Consultants and I'm calling on behalf of the Virginia Turning Point Initiative (**If Necessary READ**: A joint effort of the Virginia Department of Health and Virginia Hospital and Healthcare Association to determine the future roles of public health in the next century). We are conducting a survey to better understand your community's needs and satisfaction with public health services. Your number has been chosen randomly to be included in the study and your answers will be kept completely confidential. This survey takes approximately 10 minutes.

SQ1. Is your phone number?

__ __ __ / __ __ __ - __ __ __ __ 10 cols

0918

SQ2. Are you the person in this household who is responsible for making most of the health care decisions, such as which hospital or doctor to go to?

Yes 1

No 2

If Not Available - Make An Appointment

INTERVIEWER NOTE: The state of Virginia has county and independent city areas. Some cities like Norfolk and Richmond are both a city and a county name. Not all respondents will live in a county.

1. Would you please tell me in what county you live?

__ __ __ 1921

INTERVIEWER NOTE: If Response is "Do not live in a county." *or* "I live in an independent city.", ask Q2,
Otherwise . . . SKIP to 4.

2. In what city do you live?

__ __ __ 2224

3. Region. (Do Not Ask - Do Not Record)

Blue Ridge Region	1 025
Central Virginia Region	2
Hampton Roads Region	3
North Virginia Region	4
Roanoke Region	5
Southwestern Region	6

4. Overall, how would you rate your community as a healthy place to live? Would you say it is:

Excellent	1 026
Very Good	2
Good	3
Fair	4
or Poor	5

5. During the past 5 years, do you feel the health of your community has:

	Improved	1 027
(SKIP to 7)	Remained the Same	2
(SKIP to 7)	or Declined	3
(SKIP to 8)	[Haven't Lived Here 5 Years]	4

6. What is the main reason you feel it has improved?

0012830
002

003

Other (Specify) __ __ __

INTERVIEWING NOTE: SKIP to 8.

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7. What is the main reason you feel it has declined?

001 133
002

003

Other (Specify) __ __ __

8. Over the next five years, do you think the general health and well-being of people who live in your community will get better, stay the same or get worse?

Get Better	1 034
Stay the Same	2
Get Worse	3

9. What do you believe is the number one health problem facing your community today?

001 537
002

003

Other (Specify) __ __ __

10. What do you believe is the number one problem concerning your family's personal health?

001 840
002
003
Other (Specify) __ __ __

11. How would you define public health?

[Don't Know/Uncertain] 001 143
002
003
Other (Specify) __ __ __

12. Is there anything you do personally to contribute to the health of your community?

001 446
002
003
Other (Specify) __ __ __

13. Can you name two services provided by your local health department?
***FIRST* Mention.**

(SKIP to 15) [Uncertain] 001 749
002
003
Other (Specify) __ __ __

14. *SECOND* Mention.

[Uncertain] 001 052
002
003
Other (Specify) __ __ __

15. Would you rate your personal health as:

Excellent	1 053
Very Good	2
Good	3
Fair	4
or Poor	5

16. Do you have a regular physician for medical care?

(SKIP to 19)

Yes	1 054
No	2

17. Would you please tell me why you do not have a regular doctor?

Do Not See a Need for a Regular Doctor	001 57
Unable to Pay	002
No Health Insurance	003
Do Not Accept Medicaid	004
Transportation	005
(Other) Specify	__ __

18. Where do you usually go when you need medical care?

Free Clinic	001 860
Emergency Room	002
Hospital	003
Doctor's Office	004
Local Health Department	005
Urgent Care Center	006
Haven't Needed Medical Care	007
Do Not Have a Place to go for Medical Care	008
Other (Specify)	__ __ __

19. About how long has it been since you last visited a doctor for a routine checkup?

Within the Past Year (1 to 12 Months Ago)	1 061
Within the Past 2 Years (1 to 2 Years Ago)	2
Within the Past 5 Years (2 to 5 Years Ago)	3
5 or More Years Ago	4
[Don't Know/Not Sure]	7
[Never]	8
[Refused]	9

Now I would like to ask you some questions about the specific areas that affect the health of communities. These issues are often a responsibility of governmental public health agencies. I am going to ask you to rate the importance of these issues and to rate your satisfaction with these services in your community.

(ROTATE: Qs 20-51, EVEN)

20. How important is it to help treat disease and injury after natural disasters, such as tornadoes, hurricanes, floods, wildfires, etc.? Would you say:

Very	1 062
Somewhat	2
or Not Important	3

21. Would you rate this service in your community as:

Excellent	1 063
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

22. How important is the collection of community health data such as registering births, determining the causes of deaths and monitoring health trends? Would you say:

Very	1 064
Somewhat	2
or Not Important	3

23. Would you rate this service in your community as:

Excellent	1	065
Very Good	2	
Good	3	
Fair	4	
or Poor	5	
[Don't Know/Not sure]	7	

24. How important is it to provide general medical services to the uninsured or underinsured? Would you say:

Very	1	066
Somewhat	2	
or Not Important	3	

25. Would you rate this service in your community as:

Excellent	1	67
Very Good	2	
Good	3	
Fair	4	
or Poor	5	
[Don't Know/Not sure]	7	

26. How important is protecting the public from the spread of diseases (If Necessary READ: such as AIDS, E. Coli, hepatitis or tuberculosis) through outbreak investigation and the implementation of control measures?

Very	1	68
Somewhat	2	
or Not Important	3	

27. Would you rate this service in your community as:

Excellent	1	069
Very Good	2	
Good	3	
Fair	4	
or Poor	5	
[Don't Know/Not sure]	7	

28. How important is it to inspect and license healthcare facilities such as hospitals, nursing homes and urgent care facilities? Would you say:

Very	1 070
Somewhat	2
or Not Important	3

29. Would you rate this service in your community as:

Excellent	1 071
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

30. How important is providing community education programs and counseling to improve health. Topics include alcohol and drug abuse, teen smoking, AIDS prevention and violence/injury prevention? Would you say:

Very	1 072
Somewhat	2
or Not Important	3

31. Would you rate this service in your community as:

Excellent	1 073
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

32. How important is it to ensure foods are free from contamination through inspections of restaurants and other establishments that serve food? Would you say:

Very	1 074
Somewhat	2
or Not Important	3

33. Would you rate this service in your community as:

Excellent	1 075
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

34. How important is it to ensure safe drinking water? Would you say:

Very	1 076
Somewhat	2
or Not Important	3

35. Would you rate this service in your community as:

Excellent	1 077
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

36. How important is it to protect the public from exposure to toxic chemicals and other hazardous materi als? Would you say:

Very	1 078
Somewhat	2
or Not Important	3

37. Would you rate this service in your community as:

Excellent	1 079
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

38. How important is it to educate the public to minimize the spread of disease, such as lyme disease and rabies, carried by insects and animals? Would you say:

Very	1 080
Somewhat	2
or Not Important	3

39. Would you rate this service in your community as:

Excellent	1 081
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

40. How important is it to ensure people have access to health care and health care providers? Would you say:

Very	1 082
Somewhat	2
or Not Important	3

41. Would you rate access to healthcare in your community as:

Excellent	1 083
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

42. How important is having trained EMS (Emergency Medical Service) personnel, serving in a local rescue squad, to respond to local medical emergencies? Would you say:

Very	1 084
Somewhat	2
or Not Important	3

43. Would you rate this service in your community as:

Excellent	1 085
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

44. How important is providing an immunization program for infants and children against measles, mumps, chicken pox, polio, etc.? Would you say:

Very	1 086
Somewhat	2
or Not Important	3

45. Would you rate this service in your community as:

Excellent	1 087
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

46. How important is providing nurses and health education programs for public schools? Would you say:

Very	1 088
Somewhat	2
or Not Important	3

47. Would you rate this service in your community as:

Excellent	1 089
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

48. How important is it to address the prevention of teen pregnancy through abstinence programs, the involvement of fathers in child rearing and family planning services? Would you say:

Very	1 090
Somewhat	2
or Not Important	3

49. Would you rate this service in your community as:

Excellent	1 091
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

50. How important is the WIC (pronounced 'wick') Program which provides financial assistance for supple mental food for pregnant women and their children? Would you say:

Very	1 092
Somewhat	2
or Not Important	3

51. Would you rate this service in your community as:

Excellent	1 093
Very Good	2
Good	3
Fair	4
or Poor	5
[Don't Know/Not sure]	7

(End of Series)

52. In maintaining the health of the community, what one issue is most important to you?

001 496
002

003

Other (Specify) ___ ___ ___

53. Have you ever used services provided by your local health department?

	Yes	1 097
(SKIP to 57)	No	2

54. Which service was that?

001 800
002

003

Other (Specify) ___ ___ ___

55. How would you rate that service? Would you say:

(SKIP to 57)	Excellent	1 101
(SKIP to 57)	Very Good	2
(SKIP to 57)	Good	3
	Fair	4
	or Poor	5

56. Would you please tell me why you feel that way?

001 04
002

003

Other (Specify) ___ ___ ___

57. Thinking about public health services and the future, what do you feel should be the top priority of your local health department?

001 507
002

003

Other (Specify) ___ ___ ___

58. Do you think the local health department should focus its efforts on:

Preventative Health Services to the General Community	1 108
Medical Care Services for Individuals Who are Uninsured or Medically Underserved	2
or Both	3

Do you agree or disagree that public health services in your community (Insert Qs 59-65)?

(*ROTATE*: Qs 59-65)

59. Save money by preventing disease?

Agree	1 109
Disagree	2
[Uncertain]	7

60. Are important for your own and your family's well-being?

Agree	1 110
Disagree	2
[Uncertain]	7

61. Intrude upon the way people live their lives?

Agree	1 111
Disagree	2
[Uncertain]	7

62. Are essential to protect the community's overall health?

Agree	1 112
Disagree	2
[Uncertain]	7

63. Cost taxpayers too much money?

Agree	1 113
Disagree	2
[Uncertain]	7

64. Should be expanded even if it means more public funding?

Agree	1 114
Disagree	2
[Uncertain]	7

65. Primarily benefit the poor and not the average person?

Agree	1 115
Disagree	2
[Uncertain]	7

(End of Series)

66. Basically, the Federal Government, the State of Virginia and localities share in the funding of public health. Out of its budget, the state of Virginia spends $14 per person per year on public health. Do you feel this is too much, about the right amount or not enough?

(SKIP to READ BOX)	Too Much	1 116
(SKIP to READ BOX)	About the Right Amount	2
	Not Enough	3

INTERVIEWER NOTE: If asked about the amounts budgeted by Virginia for public health you may inform them:
"The amount budgeted for fiscal year 1999 is $387 million. The federal share is $146 million, the state share is $124 million and special funds (localities and revenue) are $116 million.

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67. In what one area of public health should more money be spent?

001 719
002
003

Other (Specify) ___ ___ ___

DEMOGRAPHICS

The last questions are needed for classifying responses and are completely confidential.

68. How are most of your medical and hospital expenses paid?

Blue Cross/Blue Shield	1
Other Commercial Insurance	2
HMO/PPO	3
Medicare	4
Medicaid/Welfare	5
Veteran's Benefits	6
Self Payment	7

69. Gender of Respondent. (Do *Not* Ask - Just Record)

Male	1
Female	2

70. What is your age?

YEARS:	__ __ __
[Don't Know/Not Sure]	777
[Refused]	999

71. Are you:

Married	1
Divorced	2
Widowed	3
Separated	4
Never Been Married	5
or A Member of an Unmarried Couple	6
[Refused]	9

72. What is the highest grade or year of school you completed?

Never Attended School or Kindergarten Only	1
Grades 1 through 8 (Elementary)	2
Grades 9 through 11 (Some High School)	3
Grade 12 or GED (High School Graduate)	4
College 1 Year to 3 Years (Some College or Technical School)	5
Bachelor's Degree (College Graduate)	6
Postgraduate Degree (Master's, M.D., Ph.D., J.D.)	7
[Refused]	9

CHILDREN

73. How many children under the age of 18 are currently living in your household?

	One	1
	Two	2
	Three	3
	Four	4
	Five or More	5
(SKIP to 77)	[None]	8
(SKIP to 77)	[Refused]	9

74. Do you have children under the age of 5?

	Yes	1
	No	2

75. Do your children have a regular doctor for health care?

(SKIP to 77)	Yes	1
	No	2

76. Would you please tell me why they do not have a regular doctor?

	Do Not See a Need for a Regular Doctor	001
	Unable to Pay	002
	No Health Insurance	003
	Do Not Accept Medicaid	004
	Transportation	005
Other (Specify)		___ ___ ___

77. What is your race? Would you say:

White	1
African-American	2
Asian, Pacific Islander	3
American Indian, Alaska Native	4
Other	5
[Don't Know/Not Sure]	7
[Refused]	9

78. Are you of Spanish or Hispanic origin?

Yes	1
No	2
[Don't Know/Not Sure]	7
[Refused]	9

79. And finally, is your total family household income *under* or *over* $35,000 per year?

(If *under* $35,000),

Is it under or over $15,000? (Code 1 if under)

(If *over* $15,000),

Is it under or over $25,000? (Code 2 if under)

(Code 3 if over)

(If *over* $35,000),

Is it under or over $45,000? (Code 4 if under)

(If *over* $45,000),

Is it under or over $55,000? (Code 5 if under)

(Code 6 if over)

Under $15,000	1
$15,000 to $24,999	2
$25,000 to $34,999	3
$35,000 to $44,999	4
$45,000 to $54,999	5
$55,000 and Over	6

That's my last question. Thank you very much for your time and cooperation.

APPENDIX C

Internal Assessment Questionnaire
Virginia Department of Health

Turning Point contracted with Bernard Turnock, MD, MPH, to conduct an internal assessment of the Virginia Department of Health and its ability to carry out the core public health functions of assessment, policy development and assurance. The following document is the survey instrument used to facilitate his research.

SURVEY OF PUBLIC HEALTH PERFORMANCE
IN LOCAL HEALTH DISTRICTS IN VIRGINIA

Name of Health District: _____

Name of Person Completing Questionnaire: _____

Title of Person Completing Questionnaire: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Population Number Served by Health District: _____

INTRODUCTION

The Institute of Medicine (IOM) report, Future of Public Health, (1988), stimulated new interest in the public health system and its performance. Various approaches to measuring public health performance have been attempted in order to assess and improve public health practice at the state and local level. The "essential public health services" represents the best known and most widely used framework for describing and measuring public health practice and will be the basis for this assessment, which is sponsored by the Virginia Turning Point Initiative. Your input is requested for this examination of the current status of public health performance in the jurisdiction(s) served by your district health office. It is estimated that it will take an hour of your time to complete this questionnaire.

When completed, **PLEASE RETURN YOUR SURVEY BY APRIL 23** in the envelope furnished to:

Bernard Turnock MD
Division of Community Health Sciences
UIC School of Public Health
2035 West Taylor Street
Chicago, Illinois 60612

Your reply will be held in strict confidence. Returns will be reported only in the aggregate. Of course, you will receive a copy of the results. **THANK YOU FOR YOUR COOPERATION.**

YOUR INPUT IS VALUABLE

PLEASE CONTINUE

Part I PUBLIC HEALTH PERFORMANCE

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This part of the capacity assessment examines public health performance by focusing on the essential public health services identified by the U.S. Public Health Service in concert with national organizations representing the public health community. The questions in this survey relate to the performance of these essential public health services in your health district. The following general guidelines may be useful for the questions that ask you to indicate the extent to which performance of various essential public health services has been effective:

- meet all needs = 90-100% effective
- meet most needs = 60-89% effective
- meet half needs = 40-59% effective
- meet some needs = 20-39% effective
- meet few/no needs = 0-19% effective

==========

Essential Public Health Service 1
MONITOR HEALTH STATUS IN ORDER TO IDENTIFY COMMUNITY HEALTH PROBLEMS

DESCRIPTION— This service involves: the accurate on-going assessment of community health status; identification of threats to health and determination of health service needs; attention to the vital statistics and health status of specific groups that are at higher risk than the total population; identification of community assets and resources which support the local public health system in promoting and improving quality of life; utilization of appropriate and technology to interpret and communicate data to diverse audiences; and collaboration with others, including private providers and health benefit plans, to manage multi-sectoral integrated information systems.

1. For the jurisdiction(s) served by your health district, is there a community health profile that comprehensively describes the health status and health needs of the community?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

2. For the health needs identified in your jurisdiction(s), has an analysis been completed which includes the determinants and contributing factors, adequacy of existing health resources, and the population group(s) most impacted?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

3. In the past 3 years in your jurisdiction(s), has there been an analysis of age-specific participation in preventive and screening services?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

4. In the past 5 years in your jurisdiction(s), has at least one cycle of any of the following community health assessment processes been completed? (**Mark all that apply**)

_____ (A) APEXPH. Part II

_____ (B) PATCH
_____ (C) Healthy Cities
_____ (D) Healthy Communities/Model Standards
_____ (E) Other, specify_____
_____ (F) None of the above

5. Which of the following characterize your health district's efforts to monitor health status in order to identify community health problems? (**Mark all that apply**)

_____ (A) The health status and health needs of the entire jurisdiction(s) are described
_____ (B) Resources available to address health needs are described
_____ (C) Community input and participation are solicited
_____ (D) Measures for demographic, socio-economic, environmental and behavioral risk factors affect ing health status, and measures of mortality, morbidity, and disability are included
_____ (E) Measures for community quality of life, health care resources and community assets are included
_____ (F) The community health profile is updated every three years or more frequently
_____ (G) Other entities in the district use the community health profile to make health policy and planning decisions
_____ (H) Monitoring efforts are linked to epidemiological surveillance systems
_____ (I) Efforts monitor progress toward specific objectives
_____ (J) Comparisons are made to other districts, state, and nation over time
_____ (K) There are adequate resources to assure the health profile is adequately maintained and updated
_____ (L) Information systems link personal health care with other related services
_____ (M) Information systems track consumer satisfaction as well as access and quality of care
_____ (N) Health needs are analyzed to determine causes of health problems
_____ (O) Health needs of population groups at higher risk are analyzed
_____ (P) Adequacy of existing health resources is analyzed
_____ (Q) Health needs are presented in formats that are understandable to diverse audiences, includ ing the media and community based organizations

6. How effective are the activities in your health district, described in Questions 1-5, to monitor health status in order to identify community health problems?

_____ (A) MEET ALL NEEDS
_____ (B) MEET MOST NEEDS
_____ (C) MEET HALF NEEDS
_____ (D) MEET SOME NEEDS
_____ (E) MEET FEW/NO NEEDS
==========

Essential Public Health Service 2
DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN THE COMMUNITY

DESCRIPTION—This services involves: identification of emerging health threats; a public health laboratory capable of conducting rapid screening and high volume testing; active infectious disease epidemiology programs; and technical capacity for epidemiologic investigation of disease outbreaks and patterns of chronic disease and injury.

7. For the jurisdiction(s) served by your health district, are timely investigations of adverse health events, including communicable disease outbreaks and environmental health hazards, conducted on an ongoing basis?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

8. In the past 3 years in your jurisdiction(s), has the population been surveyed for behavioral risk factors?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

9. Are the necessary laboratory services available to the health district to support investigations of adverse health events and meet routine diagnostic and surveillance needs?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

10. Which of the following characterize your health district's efforts to diagnose and investigate health problems and health hazards?
(Mark all that apply)

_____ (A) Epidemiologic surveillance systems (such as sentinel physicians, hospital reporting, disease registers) are in place and linked with state and national surveillance systems
_____ (B) Laboratory services necessary to support investigations of adverse health events and routine diagnostic and surveillance needs are available on a timely basis
_____ (C) There is a written emergency response plan that describes the role of participating entities in the event of specific public health emergencies
_____ (D) The community response team actively updates and follows written protocols for emergency response, including implementing a program of contact and source tracing
_____ (E) Sanitation and environmental expertise are available for investigations and emergencies
_____ (F) Epidemiologic expertise is available for investigations and emergencies
_____ (G) Evidence based protocols guide investigations
_____ (H) Health related hazards, behaviors, and risk factors are analyzed in terms of their impact on disease and morbidity
_____ (I) Epidemiologic and behavioral science techniques are used to collect and analyze disease, injury, and environmental trends and patterns
_____ (J) A formal monitoring process exits to track persistent threats and to alert communities to possible environmental assaults or biological agent outbreaks
_____ (K) Current, evidence-based protocols are in place to guide the immediate investigation of communi cable disease outbreaks, environmental health hazards, potential biological agent threats, and large scale disasters

11. How effective are the activities in your health district, described in Questions 7-10, to diagnose and investigate health problems and health hazards in the community?

____ (A) MEET ALL NEEDS
____ (B) MEET MOST NEEDS

____ (C) MEET HALF NEEDS
____ (D) MEET SOME NEEDS
____ (E) MEET FEW/NO NEEDS
==========

Essential Public Health Service 3
INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES

DESCRIPTION—This service involves community development activities; social marketing and targeted media public communication; providing accessible health information resources at community levels; active collaboration with personal health care providers to reinforce health promotion messages and programs; and joint health education programs with schools, churches, worksites, and others.

12. For the jurisdiction(s) served by your health district, is the public informed and educated about current health status, health care needs, positive health behaviors, and important health care policy issues?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

13. Does your health district provide reports to the media on a regular basis?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

14. Which of the following characterize your health district's efforts to inform, educate, and empower people about health issues?
(Mark all that apply)

_____ (A) The public is informed and receives education and information about health status, health care needs, positive health behaviors and important health care policy issues on an ongoing basis
_____ (B) Public health services are routinely publicized to high-risk groups
_____ (C) Health promotion activities target the entire population as well as the special needs of sub-populations in the community
_____ (D) Health promotion activities are regularly conducted in the community
_____ (E) Opportunities exist for gathering feedback and input from the public on issues of local concern

15. How effective are the activities in your health district, described in Questions 12-14, to inform, educate, and empower people about health issues?

_____ (A) MEET ALL NEEDS
_____ (B) MEET MOST NEEDS
_____ (C) MEET HALF NEEDS
_____ (D) MEET SOME NEEDS
_____ (E) MEET FEW/NO NEEDS
==========

Essential Public Health Service 4
MOBILIZE COMMUITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS

DESCRIPTION— This services involves community development to convene and facilitate partnerships among groups

and associations, including those not typically considered to be health-related, in undertaking defined preventive, screening, rehabilitation, and support programs; and skilled coalition-building in order to draw upon the full range of potential human and material resources in the cause of community health.

16. For the jurisdiction(s) served by your health district, is there a network of support and communication relationships, which includes health-related organizations, the media and the general public?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

17. In the past year in your jurisdiction(s), has there been a formal attempt by the health district to inform local elected officials about the potential public health impact of actions under their consideration?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

18. Which of the following characterize your health district's efforts to mobilize community partnerships to identify and solve health problems?

(Mark all that apply)

_____(A) The health district leadership meets at least annually with representatives of health related organizations to define inter-organizational roles and responsibilities

_____(B) Reports regarding public health issues are widely disseminated to the community on a regular basis

_____(C) The health district obtains feedback from its constituents and provides relevant information to other community officials on matters involving the public health of the community

_____(D) There is a current directory, accessible to the public, of organizations that contribute to and/or benefit from improved community health status

_____(E) There are regular activities to strengthen linkages with organizations that contribute to and/or benefit from improved community health status

_____(F) A broadly based health improvement advisory/action group oversees and guides a community health improvement process and all activities emerging from this process

_____(G) Active partnerships exist in the community to address priority health issues, leverage community resources, provide support for the under-served, and provide preventive, screening and rehabili tative services

_____(H) The health director meets regularly with local elected officials to discuss the health status and health needs of the population

19. How effective are the activities in your health district, described in Questions 16-18, to mobilize community partnerships to identify and solve health problems?

_____ (A) MEET ALL NEEDS
_____ (B) MEET MOST NEEDS
_____ (C) MEET HALF NEEDS
_____ (D) MEET SOME NEEDS
_____ (E) MEET FEW/NO NEEDS

==========

Essential Public Health Service 5
DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

DESCRIPTION—This service requires leadership development at all levels of pubic health; systematic community-level and state-level planning for health improvement in all jurisdictions; development and tracking of measurable health objectives as a part of continuous quality improvement strategies; joint evaluation with the medical health care system to define consistent policy regarding prevention and treatment services; and development of codes, regulations, and legislation to guide the practice of public health.

20. For the jurisdiction(s) served by your health district, has/have a community health action plan(s) been developed with community participation to address community health needs?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

21. For the jurisdiction(s) served by your health district, has there been a prioritization of the community health needs which were/are being identified from community needs assessments?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

22. In the past 3 years in your jurisdiction(s), has the health district implemented community health initiatives consistent with established priorities?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

23. In the past 3 years in your jurisdiction(s), has the health district developed plans to allocate resources in a manner consistent with the community health action plan?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

24. For the jurisdiction(s) served by your health district, have resources been deployed, as necessary, to address the priority health needs identified in the community health needs assessment?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

25. In the past 3 years, has the health district conducted an organizational self-assessment?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

26. Which of the following characterize your health district's efforts to develop policies and plans that support individual and community health efforts?

(Mark all that apply)

_____ (A) Community health issues identified through a community health assessment have been analyzed and prioritized through an inclusive community process

_____ (B) Measurable health objectives have been determined and there is a written inventory of community health assets and resources

_____ (C) Entities accountable for all elements of the coordinated strategies have been identified and have agreed to assume clearly defined and scheduled responsibilities

_____ (D) Entities and organizations in the community that contribute to and benefit from im proved community health status support the development, implementation, and evalua tion of the community health action plan

_____ (E) Entities and organizations involved in the community health action plan participate in ongoing strategic planning processes that involve community health stakeholders

_____ (F) Through the strategic planning process, the resources and processes of community partners are continuously aligned with defined roles and responsibilities and with com munity needs

_____ (G) The community health improvement plan identifies specific capacity building efforts needed to strengthen local public health infrastructure

_____ (H) There is a public health council, advisory board or similar entity whose role it is to assure the delivery of essential public health services in the community.

_____ (I) A governmental public health council, advisory board or similar entity assures that all relevant stakeholders participate in the development and implementation of the commu nity health improvement plan

_____ (J) An organizational self-assessment examined the perceived importance and actual performance of the district's public health responsibilities and duties.

_____ (K) An organizational self-assessment led to the establishment of an agency capacity building plan.

_____ (L) APEXPH, Part I was used for the organizational self-assessment

27. How effective are the activities in your health district, described in Questions 20-26, to develop policies and plans supporting individual and community health efforts?

_____ (A) MEET ALL NEEDS
_____ (B) MEET MOST NEEDS
_____ (C) MEET HALF NEEDS
_____ (D) MEET SOME NEEDS
_____ (E) MEET FEW/NO NEEDS

==========

Essential Public Health Service 6
ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENFORCE SAFETY

DESCRIPTION—This service involves enforcement of sanitary codes, especially in the food industry; protection of drinking water supplies; enforcement of clean air standards; animal control; follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings; monitoring quality of medical services (e.g., laboratories, nursing homes, and home health care providers); and review of new drug, biologic, and medical device applications. All enforcement activities must be timely and complete.

28. In the past three (3) years, has there been an instance in which the health district has failed to implement a mandated program or service?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

29. Which of the following characterize your health district's enforcement of state and local laws, regulations, and ordinances that protect health and ensure safety?
(Mark all that apply)

_____(A) There is an ongoing review of public health laws, regulations and ordinances including a review of how well each law and regulation is being enforced, the role or responsibility of the health district, and the impact of each law and regulation on the health of the community

_____(B) The development of new laws, regulations and ordinances includes consideration of input from public hearings and communication with local elected and regulatory officials

_____(C) Laws, regulations and ordinances are enforced with careful attention to exercise the authority according to written guidelines

_____(D) Enforcement of laws, regulations and ordinances includes informing and educating appropriate individuals, organizations and governmental agencies as to their meaning, purpose, and impor tance

30. How effective are the activities in your health district, described in Questions 28-29, for the enforcement of laws, regulations and ordinances that protect health and ensure safety?

_____ (A) MEET ALL NEEDS
_____ (B) MEET MOST NEEDS
_____ (C) MEET HALF NEEDS
_____ (D) MEET SOME NEEDS
_____ (E) MEET FEW/NO NEEDS

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Essential Public Health Service 7
LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES
AND ASSURE THE PROVISION OF HEALTH CARE WHEN OTHERWISE UNAVAILABLE

DESCRIPTION—This service (often referred to as "outreach" or "enabling" services) includes assuring effective entry for socially disadvantage people into a coordinated system of clinical care; culturally and linguistically appropriate materials and staff to assure linkage to services for special population groups; ongoing "care management"; transportation services; and targeted health education/promotion/disease prevention to high risk population groups.

31. For the jurisdiction(s) served by your health district, are age-specific priority health needs effectively addressed through the provision of/or linkage to appropriate services?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

32. Which of the following characterize your health district's efforts to link people to needed personal health services and assure the provision of health care when otherwise unavailable?
(Mark all that apply)

_____(A) Persons and populations are identified within the community who, for reasons of age, lack of education, poverty, culture, race, language, religion, national origin, physical disability, or mental disability, may encounter barriers to entry into a coordinated system of public health services and clinical care

_____(B) There is a defined and agreed upon set of specific personal and population-based health services that must be provided for specific populations and defined and agreed upon roles and responsi bilities for community partners in relation to providing those services

_____(C) There are active outreach and linkage programs and activities for personal health services that facilitate access and entry for people with barriers to care into a coordinated system of care

_____(D) For each priority health need, the health district is currently providing services or has assured that other agencies are providing such services

33. How effective are the activities in your health district, described in Questions 31-32, to link people to needed personal health services and assure the provision of health care when otherwise unavailable?

_____ (A) MEET ALL NEEDS
_____ (B) MEET MOST NEEDS
_____ (C) MEET HALF NEEDS
_____ (D) MEET SOME NEEDS
_____ (E) MEET FEW/NO NEEDS

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Essential Public Health Service 8
ASSURE A COMPETENT PUBLIC AND PERSONAL HEALTH CARE WORKFORCE

DESCRIPTION—This service includes education, training, and assessment of personnel, including volunteers and other lay community health workers, to meet community needs for public and personal health services; efficient processes for licensure of professionals; adoption of continuous quality improvement and life-long learning programs; active partnerships with professional training programs to assure community-relevant learning experiences for all students; and continuing education in management and leadership development programs for those charged with administrative/ executive roles.

34. Is the public health workforce in your district adequately educated and trained in order to provide essential public health services in the community?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

35. Which of the following characterize your health district's efforts to assure a competent public and personal health care workforce?

(Mark all that apply)

_____(A) There has been an assessment of the public and personal health workforce to assist in identifying and addressing gaps in the health workforce and needs for continuing education and training

_____(B) There are up-to-date written job descriptions for each position in the health district, including minimum qualifications

_____(C) There are written plans or policies regarding staff recruitment, selection, development, and retention

_____(D) The health district financially supports and/or implements programs of continuing education and training for personnel comprising the community public health workforce

_____(E) Programs on cultural diversity are in place for all public health workers

_____(F) The community health improvement process encourages the development of leadership capacity that is inclusive, representative of community diversity and respectful of the community's per spective

36. How effective are the activities in your health district, described in Questions 34-35, to assure a competent public and personal health care workforce the public health workforce development?

_____ (A) MEET ALL NEEDS

_____ (B) MEET MOST NEEDS
_____ (C) MEET HALF NEEDS
_____ (D) MEET SOME NEEDS
_____ (E) MEET FEW/NO NEEDS
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Essential Public Health Service 9
EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF PERSONAL AND POPULATION-BASED HEALTH SERVICES

DESCRIPTION—This service calls for ongoing evaluation of health programs, based on analysis of health status and service utilization data, to assess program effectiveness and to provide information necessary for allocating resources and shaping programs.

37. For the jurisdiction(s) served by your health district, have there been regular evaluations of the effect that public health services have on community health status?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

38. In the past 3 years, has the health district used professionally recognized and appropriate process and outcome measures to monitor programs and to redirect resources as appropriate?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

39. Which of the following characterize your health district's efforts to evaluate effectiveness, accessibility, and quality of personal and population-based health services?
(Mark all that apply)

_____(A) The health district's periodic review of programs, services and personnel demonstrates compliance with applicable professional and regulatory standards
_____(B) The health district periodically monitors programs to assess compliance with program goals and objectives
_____(C) The health district's program changes are made on the basis of evaluation and quality assurance activities
_____(D) There is a formal evaluation, at least once a year, of client satisfaction with services and programs
_____(E) Resources have been redirected as a result of evaluations of program outcomes

40. How effective are the activities in your health district, described in Questions 37-39, to evaluate effectiveness, accessibility, and quality of personal and population-based health services?

_____ (A) MEET ALL NEEDS
_____ (B) MEET MOST NEEDS
_____ (C) MEET HALF NEEDS
_____ (D) MEET SOME NEEDS
_____ (E) MEET FEW/NO NEEDS

Essential Public Health Service 10
RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

DESCRIPTION—This service includes the full continuum of innovation, ranging from practical field-based efforts to foster change in public health practice to formal scientific research efforts; continuous linkage with appropriate research institutions and other institutions of higher learning; and an internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.

41. Are community partners and public health workers in the district encouraged and enabled through specific means, including necessary time and resources, to identify new public health problems in the community and new ways of looking at old problems?

_____ (A) YES
_____ (B) NO
_____ (C) DON'T KNOW

42. Which of the following characterize your health district's efforts to research for new insights and innovative solutions to health problems?

(Mark all that apply)

_____(A) Best practices information from other public health agencies is monitored and available
_____(B) Research links have been established with other research organizations, such as academic institutions, federal and state agencies, national associations, private research organizations, and research departments or divisions of business firms
_____(C) Opportunities are available for field training and work-study experiences for students and interns enrolled at institutions of higher learning
_____(D) The health district has researchers on staff or ready access to researchers, equipped with the expertise and resources necessary to initiate epidemiologic, economic, and health services research

43. How effective are the activities in your health district, described in Questions 41-42, to research for new insights and innovative solutions to health problems?

_____ (A) MEET ALL NEEDS
_____ (B) MEET MOST NEEDS
_____ (C) MEET HALF NEEDS
_____ (D) MEET SOME NEEDS
_____ (E) MEET FEW/NO NEEDS

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Part II. CHARACTERISTICS OF RESPONDENTS

Respondents are asked to complete the following information. All information will be held in strict confidence. These characteristics will be reported only in the aggregate.

44. AGE

_____ (A) 25-29
_____ (B) 30-34
_____ (C) 35-39
_____ (D) 40-44
_____ (E) 45-49
_____ (F) 50-54
_____ (G) 55-59
_____ (H) 60-64
_____ (I) 65 or >

45. GENDER

_____ (A) Female
_____ (B) Male

46. JOB TITLE

_____ (A) District Medical Director
_____ (B) Central Office or Division Director
_____ (C) Nurse Manager
_____ (D) Business Manager
_____ (E) Environmental Health Manager
_____ (F) Other Specify _____

EDUCATIONAL PREPARATION
(**Check all that apply**.)

47. Bachelor's Degree—Field of Study

_____ (A) Biological/Physical Sciences
_____ (B) Social Services
_____ (C) Nursing
_____ (D) Environmental Health
_____ (E) Business/Public Administration
_____ (F) Health Education
_____ (G) Other (specify)_____

48. Master's Degree—Field of Study

_____ (A) Social Services
_____ (B) Nursing
_____ (C) Environmental Health
_____ (D) Business/Public Administration
_____ (E) Public Health
_____ (F) Health Education
_____ (G) Other (specify)_____

49. Doctoral Degree—Field of Study

_____ (A) Social Services
_____ (B) Nursing
_____ (C) Environmental Health
_____ (D) Business/Public Administration
_____ (E) Ph.D.
_____ (F) Dr. Public Health
_____ (G) M.D.
_____ (H) J.D.
_____ (I) Other (specify) _____

50. Professional Licensure/Registration

_____ (A) L.S.W.
_____ (B) R.N.
_____ (C) M.D.
_____ (D) R.S.
_____ (E) R.D.
_____ (F) C.H.E.S.
_____ (G) Other (specify)_____

51. Number of Years Working in Public Health

_____ (A) 0-4
_____ (B) 5-9
_____ (C) 10-14
_____ (D) 15-19
_____ (E) 20-24
_____ (F) 25-29
_____ (G) 30 OR >

52. Number of Years Working for Virginia Department of Health

_____ (A) 0-4
_____ (B) 5-9
_____ (C) 10-14
_____ (D) 15-19
_____ (E) 20-24
_____ (F) 25-29
_____ (G) 30 OR >

THANK YOU

APPENDIX D

Consumer Survey Instrument

Turning Point knew that the opinions of public health's customers were critical as Virginia began to move forward in strengthening and transforming public health. Unfortunately very few public health consumers attended the seven regional forums to share their feelings on critical community health concerns. This survey instrument was distributed in all 119 local health departments. Approximately 1500 customers responded and provided attitudes and opinions about public health services and overall community health.

The Virginia Department of Health is interested in learning how we can help you to improve your health. We think it is important to try and learn how we can better serve you and address your health needs now and in the future. Please let us know what you think.

What do you see as the #1 health issue for you and your family?_____
_____

How do you think that issue should be solved?_____
_____

What do you see as the #1 health issue for your community?_____
_____

How do you think that issue should be solved?_____
_____

The Health Department is responsible for many programs and activities to keep you healthy. Please tell us how important you feel each activity is to keeping you and your family healthy.

Program or Activity Rank: 1 – less important, 5 – very important

Administering the Women Infant and Children Food Nutrition Program	Don't Know	1	2	3	4	5
Collecting Community Health Data	Don't Know	1	2	3	4	5
Providing Health Education	Don't Know	1	2	3	4	5
Ensuring Safe Drinking Water	Don't Know	1	2	3	4	5
Providing Trained Rescue Squads	Don't Know	1	2	3	4	5
Administering Immunization Programs	Don't Know	1	2	3	4	5
Inspecting and Licensing Hospitals & Nursing Homes	Don't Know	1	2	3	4	5
Preventing Teen Pregnancy	Don't Know	1	2	3	4	5
Protecting you from the Spread of Communicable Disease	Don't Know	1	2	3	4	5
Improving Access to Health Care	Don't Know	1	2	3	4	5
Providing Primary Health Care Services	Don't Know	1	2	3	4	5
Public Health Nurses in the Schools	Don't Know	1	2	3	4	5
Inspecting Restaurants & Food Facilities	Don't Know	1	2	3	4	5
Helping Victims of Natural Disasters	Don't Know	1	2	3	4	5
Permitting Septic Tanks	Don't Know	1	2	3	4	5

I believe the top priority of public health should be:_____

Any other comments on how public health departments should deal with community health needs?

_____
_____

APPENDIX E

Key Informant Discussion Group
Full Report

TURNING POINT

"Collaborating for a New Century
in Public Health"

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Summary Report

Of

Key Informant Discussion Groups

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Robert W. Glenn, Jr.
Beverly T. Fitzpatrick, Jr.
The Issues Management Group
October 4, 1998

Introduction

In order to gain community insight on issues of importance to the Turning Point initiative, discussion group meetings with key informants were conducted in various venues around the state. The sessions were designed to be informal and were conducted by outside facilitators who were not professionally associated with the healthcare community.

Methodology

Six geographically diverse locations across the state were selected for the discussion group meetings:

·	Danville	September 16, 1998
·	Winchester	September 17, 1998
·	Fairfax	September 18, 1998
·	Petersburg	September 24, 1998
·	Williamsburg	September 25, 1998
·	Bristol	September 29, 1998

Participants were solicited from the district health directors across the state and a diverse list of community leaders was received. A total of 230 potential participants were identified. The invitees were contacted by telephone and included members of various constituencies: business, community-based organizations, consumers, developers, education, faith community, health care providers, insurers, local government, public health professionals, public safety and other advocates.

Response to the invitation was positive; a total of 50 people participated in the meetings. Participants were intentionally not provided with reading material in advance, for which a number of attendees later expressed appreciation and admitted the tactic added to their intrigue. The resulting meeting size was ideal; the average group size was 8 attendees, thereby making discussion among all participants very comfortable.

Potential questions were reviewed in advance and fifteen were adopted. Of these fifteen, the list was reduced to fourteen by combining some of the thoughts. In order to highlight the key points of each question, certain words were italicized.
Each participant was given the list of questions but, as expected, the discussions did not follow any pre-determined route. However, without exception, each question was ultimately answered during the course of the discussion.

The sessions were audiotaped for future reference upon securing agreement from the participants. Each session lasted slightly longer than two hours.

Overview of Discussions

The diversity among the participants, together with their relative knowledge of health care issues, made for active discussion. Generally speaking, the participants were easily engaged in visioning

about the future of public health.

If any one word were to be used to describe the sentiments of the participants, that word would likely be “action”. There was a fairly high degree of skepticism among the participants that was primarily due to the fact that most of them have been involved in numerous future-oriented discussions that have not produced results. In fact, it is likely that such concern is a leading cause for lack of participation by other invitees.

In addition, the participants were willing to be open and honest with both their criticisms and their suggestions for improvement, which was encouraged by the facilitators and made comfortable by the fact that no state officials were present.

Summary of Responses to Questions

1. What are the major *responsibilities* of your local health department? How would you *rank* their importance?

   Most participants were well-versed in their knowledge of the duties of the public health department and were able to identify numerous issues: prevention, education, wellness, environment, immunizations, communicable disease, data collection, clinical services, etc. It was pointed out that the over-arching responsibility of the PHD is that of carrying out state mandated services. However, it was recognized that partnerships and collaborative efforts varied from one region to another and that it was difficult to consistently identify PHD responsibilities; unfortunately, the PHD remains the likely target for those seeking whatever services cannot be found elsewhere. Many participants could recall earlier mandates of primary care, community doctors, school nurses, etc. Participants resisted the request to rank the importance of these major responsibilities, but it was clear that community education was the consensus opinion for top priority.

2. What are the *roles* of your local health department in your community? How should those roles *change* in the future?

   It is clear that the local health department roles vary considerably by locality. The participants recognize this distinction and believe regional solutions are appropriate. Accordingly, the PHD has taken on a role that fills in the gaps of the given locality. Without any noted exception, the participants believe that it is time for the roles to change. Only a small number of participants believe the PHD should remain in the clinical services or primary care business. This issue was obviously the most prominent in the discussions of changing roles. The issue of roles is important because it was stated that localities look to the state for policies and direction, yet the differences in community partnerships cause inconsistencies among the local PHDs. It is believed that an important role of the state is to promote more partnerships at the local level.

3. How would you *distinguish* the roles of the *local* health department vs. *other providers*; vs. the *state* health department?

   Obviously, the distinction among roles varies among regions. Generally speaking, the participants believe that some baseline state function should be identified and implemented. Also, it is believed that successful partnerships among community agencies in various regions should be replicated where appropriate. The consensus opinion was that the state should identify mandated programs and provide overall coordination of health programs, while getting out of the service delivery business. It is generally believed that sufficient health care resources exist in the community, but that economic access is the primary issue. The local health departments have generally become the providers of last resort and have been relegated to a role of filling gaps within the local community.

4. What responsibilities are *best performed* by the *public* sector? Which are best performed by *another provider*? Who?

   Most participants believe that the environmental and regulatory components should remain at the state level, primarily due to issues of clout that cannot easily be duplicated at the local level. It is strongly believed that clinical and primary care services can be provided by the private sector. Major concerns exist over the lack of dental services, mental health services and the lack of availability of medications to the poor and elderly. The clear role for the public sector is that of overall coordination of health services and the establishment of an overall health policy for the Commonwealth.

5. What would be the *challenges* if the local health department were to undergo a major change in roles and responsibilities?

   Communicating the changes and making sure nobody falls through the cracks are concerns that need to be taken into account as changes are implemented. Past examples were cited where the state stopped providing certain services, which resulted in the private sector or the community partnerships finding ways to fill the gaps. With proper planning and coordination, there is no reason why major changes could not be successfully implemented.

6. What role does your local health department play with respect to the *environment*?

   While not everyone knew of all the environmental roles played by the PHD, most were aware that there was a role. Among those discussed were water and air quality, septic tank inspections, restaurant inspections.

7. What is the *number one health issue* facing your community today?

   As can be expected, the answer to this question varied among the participants and their localities. The consistent responses included substance abuse, mental health, sexually transmitted diseases, teenage pregnancy, access to wellness-based health care, elderly care. Perhaps the most important issue is getting people to accept responsibility for their own health and making a commitment to healthy lifestyles.

8. How does *improving* community health *rank* vs. education, fire, police, etc.?

   Ranking health against other community services is difficult and the participants recognized this issue. Perhaps the best example to prove the inter-relation of community health and other services was made by a police chief who pointed out that improved community health would greatly reduce the number of arrests in his department. Importantly, the participants clearly see the inter-relationships among community services.

9. What *connection* do you see between community health and economic development?

   The participants clearly see the connection to health and wellness, quality of life and economic development. Very little time was spent on this question.

10. How *important* is health to quality of life: low, medium, high?

    The participants believe that health is a major component of quality of life and rank it high in importance. Very little time was spent on this question.

11. Does your community *monitor* health through data collection? Who collects it? What is done with it?

    Duplication in the collection of health data is a known issue. Virtually all of the health providers, both public and private, are spending time and resources on data collection. Various examples were given where data is not collected in a useful form. Several knowledgeable participants question the benefit of the data and complain about the time and energy required for collection.

12. Does everyone have *access* to healthcare? If not, what are the major reasons?

    This is a question that is often misunderstood. Perhaps the best comment was made by an insurer who pointed out that we need to distinguish between “acute episodic care” and “preventive, continuing care.” Most participants acknowledge that acute care is available to everyone through the emergency rooms at area hospitals. Transportation and ignorance are common reasons why a person would be unable to utilize available acute care options. Obviously, financial inability is the major reason why preventive care is not accessible to all. There is need for community education to teach appropriate methods for access to care.

13. What is the *difference* between public health and community health?

    Most participants acknowledge the misperception that public health is considered health care for the indigent. The consensus opinion was that public health is more appropriately described as the public’s health and that the goal should be the promotion of community health and wellness.

14. Would a *health education program* be important in your community? How would you *maxi mize* the effectiveness of such a program?

As mentioned previously, the need for community health education is apparent. It was noted that our society currently suffers from information overload and that current forms of information (brochures, etc.) were not cost effective. One creative idea was for the creation of a community health campaign similar to the Nike "just do it" marketing slogan, where citizens would be called to action on wellness in a simple, memorable way. Most participants believe that an appropriate ongoing role for the PHD is that of community health education.

Listing of Comments and Suggestions

As expected, participants did not want to be bound to a series of questions and quickly began to discuss concerns and solutions. As the facilitation continued, their responses inevitably answered the set of questions. Considerable time was spent collecting this information in note form and is summarized below:

- Many doctors have stopped accepting Medicare and disabled patients.
- A key gap that needs to be filled is dental care and pharmacy care.
- Concerns over the fact that Medicare does not pay for medicines.
- Loss of mental health funding has caused tremendous backlashes at clinics.
- Every community is focussing more on collaborative and partnership roles.
- Local government spending too much time and money on dental care.
- No mandate in Virginia to provide children's mental health services.
- How to balance today's crisis with a future focus?
- All agencies need same definition of "prevention".
- Agencies need to be coordinating much better at the state level.
- Identify duplication at the state level and eliminate it.
- State clout needed to initiate change because local orgs are in competition.
- Present systems penalize innovation; future funding tied to today's budget.
- Redefine PH services based on mandates; collaborate on missing links.
- Private sector role is primarily geared toward filling gaps around mandates.
- Consider moving the regulatory function to the private sector.
- Need a plan to move the state agenda forward.
- Develop a state-wide pharmacy partnership with drug companies.
- Move the service delivery to where the citizens are.
- Need one-stop-shop customer service facilities.
- Teach people to pay attention to symptoms so they know when to seek help.
- Public is crisis-driven and on information overload; focus on next generation.
- Marry the PHD and the public education system to teach wellness early.
- Need to teach businesses that wellness is a bottom line issue.
- Virginia studies things too much; little faith placed in continued studies.
- Need to address elderly: meds, transportation, diet, physical adaptations.
- More resources needed for environmental; state has cut deeply.
- Notion of wellness is really a marketing tool for service providers.
- Service providers focussed daily on crisis and cannot focus on wellness.
- Federal initiatives continue as long as funding is present; need to revisit need.
- Hispanic populations (NOVA) seek PHD clinics for cultural reasons.
- Combine environmental health with DEQ.
- Local environmental input very important.
- Frustration among local health directors seems high.
- Local directors working hard to change public health into community health.

- The State health department needs to serve as the big picture planner.
- Central health screening needs to be facilitated at the state level.
- Local PHD should concentrate on education issues.
- PHD clinics provide privacy and government monitoring of outbreaks.
- Clinical services are better handled by the private sector.
- Duplication of services needs to be addressed.
- Education needed to teach public how to access health systems.
- Highest needs: mental health, dental, elderly services, capacity, access.
- Male issues not served at PHD clinics.
- Need action items to emerge from a plan.
- Public health administrative functions need to be centralized to save money.
- Look at broadening the local free clinic missions.
- Deal with lack of health coverage by small businesses.
- Correlate health and economic development.
- Need fewer state agencies and fewer non-profits; enough are in place now.
- Virginia needs to decide how it plans to handle Medicaid.
- Other states have an expanded Medicaid plan already in place.
- Link state databases so data can be readily shared.
- Need more proactive education of PHD functions to local elected officials.
- PHD so busy that measurement of outcomes falls behind.
- Stop forming state-wide study committees!
- Clean up existing programs and put money where it is needed.
- As a practical matter, determine how to get action.
- Demonstrate ability to cooperate with existing organizations.
- Use local boards to review new non-profit applications and deny if duplicative.
- Must change traditional system of public agency rewards.
- Cannot reward messing up by giving agencies more money.
- Medicaid and state funding and can be used to push local changes.
- Need major clout to make changes happen. Governor?
- Cooperation needed among agencies: health, education, MH, social services.
- Private sector CEOs must get involved.
- Many employed people have no medical coverage.
- Need to return to health screens at public schools.
- Who is responsible for health care for the disabled?
- Need inter-agency agreements; more money is not the answer.
- Dental emergencies are becoming more and more common.
- Need to resolve the issue of PHD employees: local or state? Consistency.
- Assessments indicate there are more than enough health providers.
- Providers are reluctant to provide services due to funding issues.
- Environmental needs to be recognized as largely preventive in nature.
- Environmental not appreciated until a crisis occurs.
- Tremendous cuts have been made in the environmental areas.
- Need to improve awareness of environmental benefit on local level.
- Need to promote the idea of environmental health, not regulatory.
- Easy to confuse environmental health with dept of environ management.
- Difference: protecting man from environ vs. protecting environ from man.
- PHD needs to focus on environmental health as much as health care.
- Recognize environmental health as a preventive.
- Water quality issues have been studied since ’69 but no real action taken.
- How to get environmental issues on the front burner?
- Competition should occur in social services as well.
- Need more innovation in social services.
- PHDs don’t have to look alike; let local needs drive the structure.
- State oversight is not necessarily the best way to go.
- PHD should look at health in the total, but should not attempt to be a provider.
- Free up PHD staff by reorganizing local PHD functions.
- Progress on current redesign has been largely invisible.

- Determine what services should not be continued.
- Seek efficiencies at higher levels of government – both state and federal.
- Determine what the state and federal mandates are.
- Move some departments out of Richmond and into the regions.
- Still tracking data on “white” and “non-white” basis.
- Little progress seen over the past 10 years.
- Need smaller, regional MH facilities.
- Begin to phase out larger MH facilities.
- Human services and profitability are mutually exclusive.
- How do we really implement regional programs?
- State should provide rationale and guidelines, but let regions implement.
- What are the savings of having more healthy people?
- Do we really know the societal costs?
- It’s not a money issue – the system is flawed.
- Need to be proactive with food-related sickness.
- Too much time spent learning what went wrong, not how to prevent.
- Quite a few false food claims need to be investigated every day.
- Need to educate medical community in how to diagnose food illnesses.
- Need faster reporting of environmental outbreaks.
- Way too many restaurants vs. inspectors.
- Hasten the current development of a national FDA database.
- State should restrict itself to: co-ordination, education, communication.
- Need consensus on definitions for national database.
- State does not have a good grasp of the health conditions around the state.
- A recent state presentation was insulting to hispanics: white/black/”other.”
- Data collected at state level is too broad; doesn’t address local issues.
- State level data summaries are meaningless.
- State data requests are a moving target.
- Too many reports; too many inconsistencies.
- How can technology improve the situation?
- Virginia too slow to change.
- Ranking health care is not a valid question.
- Issues are too inter-related to pick health over other services.
- Number one issue varies according to localities.
- Do not look for a cookie cutter approach.
- Prison system has become a mental health welfare system.
- Need to develop PR campaign by non-health professionals.
- People need to be made to want health/wellness.
- Hospital Association represents regulators, not the health care community.
- Primary healthcare is not a mandated function.
- PHD needs to get back to true “core” services.
- Access mainly a problem in rural areas.
- No regulation exists on individual wells; must have 15+ before regulating.
- State is wallowing around without a sense of mission.
- Lack of focus and lack of planning is evident.
- Turnover is high in public health.
- Need a more comprehensive plan.
- Don’t have to be a provider to be a player.
- PHD has assumed the role of last resort health provider.
- Need a state-based comprehensive health plan for Virginia.
- Does anybody really understand the role?
- Conflict exists between regional solutions and state-based services.
- State program has evolved over time and is an ad-hoc program.
- Need “one stop shop” local facilities.
- Health services are often geared to the wealthy.
- Our focus has become “survival of the sickest”, not wellness.
- Force companies to provide med ins before giving econ dev incentives.

- Experiment with new methods; measure performance; evaluate results.
- Informational campaigns are not working; too much data, words.
- Need “sexy” informational campaigns.
- How to translate information into action?
- Top target areas: substance abuse, kids, MH, violence, accidents.
- PHD should restrict its focus to mandates.
- Treat PHD as a business; weed out what is outmoded.
- PHD needs a complete makeover; from ground up.
- What are the minimum requirements of a state health department?
- Need radical change; get state out of the box.
- State needs an attitude change if it hopes to affect partnerships.
- How to remove the politics from health policy?
- Get highest levels involved; get citizens motivated.
- Governor turnover is a problem; new policies every 4 years.
- Need continuity at state level.
- If attorney general needs to be a lawyer, then commissioner should be dr.
- Get PHD out of primary care.
- Need state-level mandates for school programs because local won’t do it.
- Need some standardization of state services.
- State inspection teams waste too much time checking good hospitals.
- Take small, definitive steps; don’t try to get too big and get bogged in politics.
- Perception of PHD as indigent care is NOT that way in other states.
- Centralized state models are no longer the norm across the country.
- Most states have moved to local and regional PHDs.
- Privatize the PHD like what was done with econ dev dept.
- State environmental clout enables action that localities could not do.
- Stop encouraging the word “innovative” in grants.
- Support existing partnerships that are working.
- Too much time spent trying to raise money.
- Many health partnerships can never be self-sustaining.
- Learn to fund things that have demonstrated success.
- The whole problem is the uninsured.
- Virginia has not expanded its coverages like other states.
- Need to reduce neo-natal costs; most are written off; need education.
- Too many kids having kids.
- Need partnerships between PH and education to deal with teen pregnancy.
- Some PH districts are prohibited from sex education by local schools.
- The role of the local health councils should be expanded.
- Service providers need to be less turf protective and be more cooperative.
- Public health should take the lead in connecting community issues.
- Need to broaden the definition of PH and its acceptance in society.
- Why do we allow/encourage new programs that duplicate and compete?
- Who has sufficient clout to force a change?
- Dollars can drive the changes.
- There is not sufficient clout to make changes locally.
- Few real new ideas; most of the talk is about defending programs/turf.
- How can we find the economies of scale?
- Must reduce the infrastructure cost; get more money spend on needs.
- How to prevent certain communities from being left out of new programs?
- What existing orgs would be willing to give up their charters and merge?
- Need “sunset” clauses to make certain programs go away.
- State must oversee and coordinate the big picture on public health.
- To be effective as a coordinator, PHD cannot provide the services.
- State needs sweeping authority to coordinate all programs.
- Reduce the number of health districts and reduce overhead costs.
- Too many districts – 35!
- Change requirements that district directors be doctors; need managers.

- Current mandates are not economically based.
- Citizens must take greater responsibility.
- Mission of PHD: preventative, attitudes, environment, communicables.
- Need more case management.
- Too much variance among partnerships of various health districts.
- Free clinics do not provide case management.
- State-mandated CSA has worked well.
- Need to educate healthcare community before the community at large.
- Big alcohol problem in kids.
- Get business involved in wellness programs.
- How to get insurance companies to embrace wellness?
- Should insurers have final say in HMO issues?
- Need neutral 3rd party to review insurance issues.
- Local level balance is tough between public health and environmental.
- Are the non-profit hospitals really serving the community needs?
- Private sector already does a lot – volunteers, write-offs, etc.
- Need state-wide medication plan.
- Need to change current law requiring prescriptions for free meds.
- Team: Pharmacy Association + VDH + General Assembly + VHA
- No vision among state agencies – everyone running scared.
- Need to privatize some state services.
- Government workers geared to maintain status quo.
- Visioning is stressful.
- What are the other states doing?
- Virginia has not really had a crisis yet.
- Virginia studies everything too much.
- Is there the political will to change?
- Top issues: lifestyle choices, substance abuse, dental care, MH for kids.
- Return to the concept of PH nurses who make house calls.
- Home health care is being threatened by insurance regs.
- Increase PH education in schools as part of curriculum.
- Target kids for lifestyle changes to affect tomorrow's community health.

Conclusion

The diversity of participants represented a broad cross-section of key constituencies on the subject of public health. As mentioned previously, the operative word was "action" on pertinent issues of change. It is important to understand the role that such key constituents can play toward pressing the agenda for implementation. Any such change program should seek to mobilize these key constituents.

One notable constituency that was absent from the dialogue was the private doctors. It is assumed that the time of day (10 a.m. to Noon) may have been a factor in their lack of participation. Accordingly, it is recommended that some telephone polling be done among the doctors so that this important constituency is not omitted.

Finally, the level of interest and passion expressed by the participants is noteworthy. It is clear that there is a mandate for significant change at the Department of Health has that such change has broad support within the community. As several of the attached comments indicate, it is suggested that the Commonwealth adopt an overall health policy, that the Department of Health define its future mission within the framework of a strategic plan for change, and that any health initiatives be interrelated with other key state agencies.

Simply stated, the participants in the key constituency discussion groups have validated the Turning Point initiative.

Meeting Attendees/Participants

1. Danville

   Estelle Avner, Bradley Free Clinic
   Gwen Edwards, City of Danville
   Rita Gliniecki, volunteer
   Steve Heater, Radford University
   Glen Ratcliff, City of Roanoke
   Barry Webster, volunteer

2. Winchester

   George Caley, Winchester Medical Center
   Don Driver, Rockingham Harrisonburg Social Services
   Daisy VanPelt, Rockingham Memorial
   Ron Wilson, Page County
   Dave Ziegler, CSB
   Suellen Knowles, Winchester Chamber

3. Petersburg

   Faye Bass, Community Memorial Health Center
   Mark Canada, Columbia HCA
   Bryan David, Brunswick County
   Dick Grinnan, Trigon
   Robert Johnson, CSB
   Rod Manifold, Central Virginia Health Services
   Robert Marcello, John Randolph Foundation
   Sheena McKenzie, Petersburg Health Care Alliance
   Gwen Moore, Petersburg Chamber
   Tony Selton, Lunenberg Medical Center
   Jean Nelson, Northern Neck Free Clinic

4. Williamsburg

   Robert Bonar, Children's Hospital of the King's Daughters
   Sujata Buck, Tidewater PHD
   Suzzane Dandoy, EVMS
   Bob Hershberger, Williamsburg Area Chamber
   Melvin High, Norfolk Police Department
   Phyllis Kirsch, VA Commonwealth University
   Judy Knudson, Old Towne Medical Center
   Kerry Mellette, Williamsburg Health Foundation

Frank Sellew, Norfolk Public Schools
Freda Stanley, South Hampton Roads AMI
Herman Clark, New Hope COGIC

5. Bristol

Sue Cantrell, Lenowisco PHD
Bobby Cassell, Lenowisco PHD
Toby Cook, Cumberland Plateau
Claire Lambert, Johnson Memorial Hospital
Chuck McHugh, Dinelon Mental Health
Anne Wolford, Virginia Tech

6. Fairfax

Marlene Blum, Fairfax Health Care Advisory Board
Marta Wyatt, Hispanic Committee of Virginia
Fay Menacker, APHAC
Dennis Hill, PHD
JoAnn Jorgerson, Fairfax PHD
Sandy Lowe, Medical Care Partnership for Children
Pat Bennett, PAIR

APPENDIX F

Senate Joint Resolution No. 157

2000 SESSION

ENROLLED

SENATE JOINT RESOLUTION NO. 157

Requesting the Governor, with the support and assistance from participants in the Virginia Turning Point initiative, to encourage and facilitate the development of a Virginia Center for Community Health between the public and private sector.

Agreed to by the Senate, March 9, 2000
Agreed to by the House of Delegates, March 8, 2000

WHEREAS, in recent years, the Commonwealth of Virginia has enjoyed robust economic growth; and
WHEREAS, maintaining a healthy workforce and optimizing the health of our communities are key elements essential to sustaining and enhancing our economy in Virginia; and
WHEREAS, during the twentieth century, public health contributed substantially to improved health for Virginia citizens; and
WHEREAS, public health is affected by the dramatic changes in health care delivery; and
WHEREAS, it is incumbent upon public health to redefine its roles and responsibilities; and
WHEREAS, the Virginia Turning Point initiative was established through a grant from the Robert Wood Johnson and W. K. Kellogg Foundations to develop a strategic plan for public health in the next century; and
WHEREAS, participants of the Virginia Turning Point initiative and its steering committee, comprised of twenty-five stakeholders groups, spent the past two years gathering critical information about the health needs of communities from citizens, businesses, educators, advocates, community-based organizations, the faith community and others interested in enhancing community health; and
WHEREAS, as a result of the collection of this information, it was learned that access to care, communication and health education, communicable disease control, environmental health and health information are critical components to a healthy Virginia; and
WHEREAS, continuous community health improvement requires broad participation from a variety of constituent groups and innovative public/private partnerships; and
WHEREAS, the Virginia Turning Point initiative partnership is working to institutionalize the gains made through this innovative effort by creating the Virginia Center for Community Health to implement public health improvement strategies; and
WHEREAS, efforts undertaken by the Center would focus on statewide priorities as well as individual community health needs in a consistent, evidence-based manner; and
WHEREAS, the Center would provide a means to focus on essential public health research currently not underway in Virginia; offer innovative training and community health improvement; and advocate for disease prevention and health promotion strategies throughout Virginia; and
WHEREAS, the development of the Center would ensure that citizens of the Commonwealth of Virginia are able to lead the healthiest lives possible through the joint efforts of the public and private sector; now, therefore, be it
RESOLVED by the Senate, the House of Delegates concurring, That the Governor, with the support and assistance from participants in the Virginia Turning Point initiative, encourage and facilitate the development of a Virginia Center for Community Health between the public and private sector; and, be it
RESOLVED FURTHER, That the Clerk of the Senate transmit copies of this resolution to the Governor and the Commissioner of the Virginia Department of Health so that they may be apprised of the sense of the General Assembly in this matter.